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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/480,826	
	Filing Date	01/10/2000	
	First Named Inventor	Charles S. Taylor	
	Art Unit	3773	
	Examiner Name	Bui, Vy Q.	
Total Number of Pages in This Submission	3	Attorney Docket Number	GUID-006CON5

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): - Resp. to Restriction Requirement (2 pgs.) - Postcard
<div>Remarks</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Law Office of Alan W. Cannon		
Signature			
Printed name	Alan W. Cannon		
Date	7/1/08	Reg. No.	34,977


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Typed or printed name	Maria J. Sousa	Date	7/1/2008

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Typed or Printed Name	Maria J. Sousa		
Signature		Date	7/1/2008

RESPONSE TO RESTRICTION REQUIREMENT Address to: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Attorney Docket Confirmation No.	GUID-006CON5 4782
	First Named Inventor	Taylor
	Application Number	09/480,826
	Filing Date	01/10/2000
	Group Art Unit	3773
	Examiner Name	Bui, Vy Q.
	Title	Access Platform for Internal Mammary Dissection

Sir:

This is in response to the Restriction Requirement dated June 20, 2008 for which a one-month period for response was given making this response due on or before July 21, 2008 (July 20, 2008 being a Sunday).

THE RESTRICTION REQUIREMENT

In the Official Action dated June 20, 2008, the Examiner required a restriction to one of the following inventions that the Examiner identified:

Group I – claims 1-3, 5-12, 14-16, 19-23 and 26, drawn to a device; and

Group II – claims 4 and 13, drawn to a method.

The Examiner required election of one of the above-listed inventions to be responsive to the Office Action.

RESPONSE

In response to the restriction requirement, Applicants elect Group 1, claims 1-3, 5-12, 14-16, 19-23 and 26, without traverse.